

FOR DEPARTMENT USE ONLY

LICENSE NUMBER: _____

STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
MOTOR FUEL TAX ADMINISTRATION
P. O. DRAWER E
DOVER, DE 19903-1565

FOR DEPARTMENT USE ONLY

FEE \$10.00

YEAR ENDING: JUNE 30, 2001

APPLICATION FOR SPECIAL FUEL DEALER LICENSE

Please check the appropriate box: ☐ New application ☐ Renewal application

PLEASE NOTE: A SEPARATE LICENSE APPLICATION IS REQUIRED FOR EACH DELAWARE SPECIAL FUEL BULK TANK LOCATION. ALL QUESTIONS MUST BE ANSWERED AND NECESSARY ADDITIONAL DOCUMENTATION ATTACHED TO PROCESS THIS LICENSE APPLICATION. PLEASE PRINT ALL ANSWERS CLEARLY.

1. Legal name of applicant:

2. Trade name, if different from legal name:

3. Primary physical business location address (Not P.O. Box):

Street:

City:

State:

Zip Code:

4. Mailing address (if different from business location):

Street or P. O. Box:

City:

State:

Zip Code:

5. Location of records (if different from business location):

Street:

City:

State:

Zip Code:

6. Federal employer identification number or individual proprietor's SSN:

7. Telephone number: -- Fax number: --

8. If we have questions regarding this application, who should we contact?

Name: _____

Telephone number: --

9. Business type: (check one) Individual ☐ Corporation ☐ General Partnership ☐ Limited Partnership ☐
Limited Liability Company ☐ S Corporation ☐

10. If the applicant business is incorporated under the laws of another state, please attach a certified copy of the certificate issued by the Delaware Secretary of State showing that the corporation is authorized to transact business in Delaware.

11. If individual, give proprietor name, address, & SSN. If partnership, give name, address, & SSN of each partner. If corporation, give names, titles, addresses, & SSN's of corporate officers (President, Vice President, Secretary, Treasurer)

Name/Title

Address

Social Security #

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12. Has the applicant ever applied for a Delaware Special Fuel Dealer license in the past?

Yes ☐

No ☐

If yes, please specify what calendar year: _____

13. Has the applicant's individual partners or corporate officers ever applied for a Delaware Special Fuel Dealer license in the past?

Yes ☐

No ☐

N/A ☐

If yes, under what name: _____

Please specify what calendar year: _____

14. Please list the physical address of the Delaware special fuel bulk location for which this license will be applicable:

15. Please list below the size of the tank, number of pump hoses, type of special fuel delivered to the tank, and the supplier name/address that will be delivering special fuel to this tank.

Type of Special Fuel:

Low Sulfur Clear Diesel

☐

Low Sulfur Dyed Diesel

☐

Propane

☐

Compressed Natural Gas

☐

Other: _____

☐

Size of Delaware Bulk Tank:

Number of Pump Hoses:

Supplier Name:

Supplier Address:

16. Will this bulk storage location be used to fuel licensed vehicles owned and/or operated by the applicant?

Yes ☐ No ☐

17. Will this bulk storage location be selling special fuel to licensed vehicles not owned and/or operated by the applicant?

Yes ☐

No ☐

18. Please list the name of the customers that will be purchasing special fuel from this Delaware bulk storage location. Please note that if the applicant is planning to sell special fuel to more than five customers, please record the following statement on the line below: "Various customers sales".

19. Will special fuel be sold in a nontaxable manner from this bulk storage location? Yes ☐ No ☐

20. If the box in line #19 was checked "Yes", please list the type of non taxable sales that will be occurring from this bulk storage location. (For example: reefer tanks, farm equipment, construction equipment, etc.)

21. Please record the date that the applicant began selling taxable special fuel in Delaware: _____

22. Estimate the number of gallons of taxable special fuel that will be sold by the applicant from this tank during **an average month:**

Average Gallons Per Month	Taxable Special Fuel Sales
_____	_____

23. Does this application involve a change in the company's legal name or federal identification number? Yes ☐ No ☐
If yes, list the previous name and number.
Company name _____
Federal employer identification number or social security number: _____

24. Does the application involve the takeover and continuation of another business? Yes ☐ No ☐
If yes, list the following:.
Company name _____
Federal employer identification number or social security number: _____

25. Have all persons responsible for reportable fuel activity read the Motor Fuel & Special Fuel Tax Law (Chap. 51, Title 30, DE. Code)? In addition, have all persons responsible for reportable fuel activity read the Delaware Policy Directive regarding the "Taxation of Low Sulfur Clear Diesel"? Do these persons understand these provisions? Yes ☐ No ☐

26. Have any individuals identified in Item 11 of this application ever been convicted of a felony? Yes ☐ No ☐
Please provide copies of the criminal history records that detail the nature of the felony and the current status of any related sentencing provision. Please note that a "Yes" response to this question will not necessarily disqualify the applicant.

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted).

I (we), certify under penalty provided by law, that the statements made and the information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

_____	_____
Authorized Name (Please Print)	Authorized Signature
_____	_____
Authorized Individual Title	Date of Application